

PLACE OF BIRTH

1. County of Pima

District of _____

Town of _____

or

City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164County Registrar No. 256

Local Registrar No. _____

No. 3206 Rooms Ave.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Olimpia Reyes

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month

Day

Year

8.

FATHER

Full name

14.

MOTHER

Full maiden name

9. Residence

(Usual place of abode)

If non-resident, give place and state.

15. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

11. Age at last birthday

(Years)

16. Color or race

17. Age at last birthday

(Years)

12. Birthplace (city or place)

(State or country)

18. Birthplace (city or place)

(State or country)

13. Occupation

Nature of industry

19. Occupation

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-
thalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

(Born alive or ~~dead~~)at 10 P. m. on the date above stated* When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Signature

Address

Given name added from
a supplemental report.

Month, day, year

Filed June 25, 1927

Filed _____, 19____

Registrar

Local Registrar.

County Registrar.